

6. CLAIMS

WHAT IS CLAIMED IS:

1. A method, executed by a device operated by a medical staff member, of generating a signal quantifying a physician intervention status of a patient, said signal referred to as a clinical status code,
said clinical status code being a function of (i) a level of medical history of said patient, a level of physical examination of said patient, and a medical decision-making process of said physician treating said patient, referred to as key elements of said clinical status code, (ii) a time influence factor determined as a function of (1) an amount of unit floor time or face-to-face time spent by said physician in connection with an encounter with said patient, or (2) an amount of time spent by said physician in counseling or coordination of care for said patient,
said method comprising the steps of:
 - (a) prompting the staff member to select a service type, referred to as a selected service type;
 - (b) displaying to said staff member a series of questions, said series of questions being determined by said selected service type;
 - (c) prompting the staff member to select, for each respective key element of said clinical status code, one of a plurality of allowable levels for said respective key element, referred to as a selected level;

(d) if said selected service type is associated with a time influence factor, then prompting the staff member to enter an amount of service time;

(e) if the selected service type does not fall within an exception category, then determining said clinical status code as a function of one or more of (i) said selected service type, (ii) said selected levels, and (iii) if the staff member entered an amount of service time, said amount of service time.

2. The method of claim 1, further comprising the steps of:

(f) prompting the staff member to select at least one of a plurality of diagnoses that are applicable to said patient, each referred to as a selected diagnosis, and

(g) generating a signal corresponding to said selected diagnosis, referred to as a diagnosis code.

3. The method of claim 1, wherein said selected service type is selected from the group consisting of

(i) outpatient services, (ii) hospital observation services, (iii) hospital in-patient services, (iv) hospital discharge services, (v) outpatient consultations, (vi) in-patient consultations, (vii) in-patient follow-up consultations, (viii) confirmatory consultations, (ix) emergency services, (x) critical care visits, (xi) neonatal intensive care, (xii) nursing facility services, (xiii) domiciliary, rest home, or custodial care, (xiv) home services, (xv) prolonged services, (xvi) case management team services, (xvii) case management phone services, (xviii) care plan oversight services, (xix) preventive medicine services, (xx) preventive medicine individual counseling, (xxi) preventive medicine group counseling, and (xxii) newborn care.

1 4. The method of claim 1, wherein said exception category is selected from a group consisting of
2 hospital discharge services, observation discharge services, critical care, care plan oversight
3 services, case management team services, prolonged services, neonatal intensive care, case
4 management phone services, preventive medicine services, emergency advanced life support
5 services, and newborn care.

1 5. The method of claim 4, wherein (1) said selected service type is neonatal intensive care and (2) said
2 clinical status code is determined by (i) a neonatal patient stability factor, and (ii) whether the
3 service constituted initial care or subsequent care.

1 6. The method of claim 4, wherein (1) said selected service type is case management phone services,
2 and (2) said clinical status code is determined by a complexity-of-call factor.

1 7. The method of claim 4, wherein (1) said selected service type is preventive medicine services, and
2 (2) said clinical status code is determined by the age of the patient.

1 8. The method of claim 4, wherein (1) said selected service type is newborn care, and (2) said clinical
2 status code is determined by (i) whether the newborn care is given at a hospital or at a location
3 other than a hospital, (ii) whether one or more specified risk factors is present, and (iii) whether the
4 service constituted initial care or subsequent care.

1 9. The method of claim 4, wherein (1) said selected service type is hospital discharge services, and (2)

2 said clinical status code is determined by selection of service type alone.

1 10. The method of claim 4, wherein (1) said selected service type is hospital observation discharge
2 services, and (2) said clinical status code is determined by selection of service type alone..

1 11. The method of claim 4, wherein (1) said selected service type is critical care, and (2) said clinical
2 status code is determined by the amount of service of time.

1 12. The method of claim 4, wherein (1) said selected service type is care plan oversight services, and
2 (2) said clinical status code is determined by the amount of service of time provided during any
3 consecutive 30 day period.

1 13. The method of claim 4, wherein (1) said selected service type is case management team services,
2 and (2) said clinical status code is determined by (i) selected service type, and (ii) amount of time
3 the physician spends in conference with another health care professional to coordinate activities for
4 patient care.

1 14. The method of claim 4, wherein (1) said selected service type is prolonged services, and (2) said
2 clinical status code is determined by (i) whether said prolonged services are provided in an in-
3 patient setting or an out-patient basis, (ii) whether said prolonged services are provided with or
4 without said patient being present and (iii) the amount of service time.

1 15. The method of claim 4, wherein (1) said selected service type is emergency advanced life support
2 services, and (2) said clinical status code is determined by selection of service type alone.

1 16. The method of claim 1, wherein said plurality of allowable levels for each key element consists of
2 four allowable levels for each key element.

1 17. The method of claim 1, further comprising the step (f) of determining whether the respective
2 selected levels meet a specified set of key-component criteria and if not, assigning a default code as
3 said clinical status code.

1 18. A physician's practice management system for generating a signal quantifying a physician
2 intervention status of a patient, said signal referred to as a clinical status code,
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4 said clinical status code being a function of (i) a level of medical history of said patient, a level of
5 physical examination of said patient, and a medical decision-making process of a physician treating
6 said patient, referred to as key elements of said clinical status code, (ii) a time influence factor
7 determined as a function of (1) an amount of unit floor time or face-to-face time spent by said
8 physician in connection with an encounter with said patient, or (2) an amount of time spent by said
9 physician in counseling or coordination of care for said patient,

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11 said data recorder comprising:

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13 (a) means for prompting the physician to select a service type, referred to as a selected service
14 type;

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16 (b) means for displaying to said physician a series of questions, said series of questions being
17 determined by said selected service type;

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(c) means for prompting the physician to select, for each respective key element of said clinical status code, one of a plurality of allowable levels for said respective key element, referred to as a selected level;

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(d) means for prompting the physician to enter an amount of service time if said selected service type is associated with a time influence factor; and

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(e) means for determining said clinical status code as a function of (i) said selected service type, (ii) said selected levels, and (iii) if the physician entered an amount of service time, said amount of service time.

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